## S.K.Y. Program VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

Name:			
Address:			
City:	State:	Zip:	
City:Phone:	Email:		
Employer:			
Any special talents or skill	ls you have that you fee	el would benefit	our organization?
Please tell us in which area	as you most are interest	ted in volunteer	ing:
Administration			
Events			
Program			
Program Fundraising			
Deliveries			
Communication			
Please indicate days you at Times available: From Any physical limitations? In case of emergency contact.  1. The above information 2. If accepted in the SKY	act: to is complete and true to	the best of kno	wledge.
3. Any misrepresentation accept your applicatio	or omission will also be		
4. I hereby authorize all p any and all informatio		pation in the SK	Y program and
As a volunteer of our orga understand that I will be ve employees and affiliates, of accident, injury or health p perform for the organization I am not eligible to receive	cannot assume any responsiblem which may arise. I agree that all the w	risk and that the onsibility for an se from any volu vork I do is on a	e organization, its y liability for any unteer work I
Signature: Please mail to S.K.Y. 165	Da 1 Heartwell way Knovy		865-036, 4001
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